



**CERTIFICATION UNDER 37 C.F.R. § 1.10**

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Mail Stop: AF; Commissioner for Patents; P. O. Box 1450; Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EQ 056 317 355 US.

Date: April 14, 2006

  
Joel Wall; Reg. No.: 25,648

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: KRISHNAN, et al )  
Serial No. 09/965,430 )  
Filed: September 27, 2001 )  
For: MANAGING A DISTRIBUTED )  
DIRECTORY DATABASE )

Group Art Unit: 2143

Examiner: Kyung H. SHIN

Mail Stop - AF  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**NOTICE OF APPEAL**

Applicants hereby appeal to the Board of Appeals from the decision of the Patent Examiner dated December 28, 2005, finally rejecting claims 1-92 of the above-identified patent application.

Please charge our Deposit Account No. 05-0889 in the amount of \$500.00 covering the fee set forth in 37 CFR 41.20(b)(1). The Director is hereby authorized to charge any deficiency in fees filed, asserted to be filed or which should have been filed

herewith including petition for extension of time fees to Deposit Account No. 05-0889.

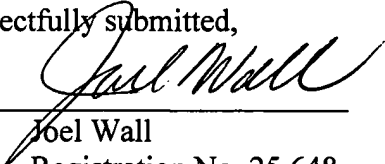
A duplicate copy of this paper is enclosed.

Dated: April 14, 2006

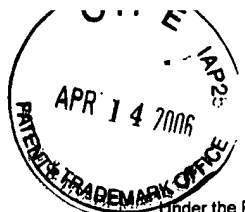
Telephone: 508-625-1323

Respectfully submitted,

By

  
Joel Wall

Registration No. 25,648



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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 500.00**Complete if Known**

Application Number	09/965,430
Filing Date	September 27, 2001
First Named Inventor	KRISHNAN, SRIRAM
Examiner Name	SHIN, KYUNG H.
Art Unit	2143
Attorney Docket No.	EMC-01-144

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 05-0889 Deposit Account Name: EMC CORPORATION

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
- 20 or HP =	x	=		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

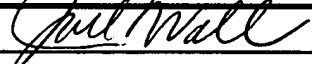
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1401 NOTICE OF APPEAL **Fees Paid (\$)** \$500.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 25,648	Telephone 508-625-1323
Name (Print/Type)	JOEL WALL		Date APRIL 14, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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